

THE RECIPROCAL DUTIES  
OF THE  
MEDICAL PROFESSION  
AND  
THE COMMUNITY;

BEING  
THE INAUGURAL ADDRESS DELIVERED AT THE  
SIXTY-SIXTH ANNUAL MEETING OF  
THE BRITISH MEDICAL ASSOCIATION.

BY  
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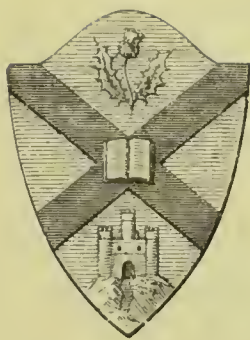
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*Fellow-Members of*  
*The British Medical Association,—*

I BID you welcome to this ancient and famous seat of medical learning; welcome in the name of the city whose Lord Provost has already so eloquently addressed you to-day; welcome in the name of the University to which we are indebted for the use of this stately hall, and for so much besides; welcome in the name of the Royal Colleges and of the whole of the profession in Edinburgh and in Scotland, and in particular of the Edinburgh Branch of this great National Institution.

My first duty is to thank the Association for having called me to this Chair. It is indeed a great honour to occupy a position which has been filled by Alison, by Christison, by Stokes, by Acland, and by many other illustrious men. I can assure you that I am deeply sensible of the distinction that you have conferred, and that no effort will be wanting on my part to serve the Association to the best of my ability.

My second duty is to advert to the losses which we have sustained in the death of many distinguished members, and especially of Mr. Ernest Hart, who during many years edited the *British Medical Journal*, and took a leading part in the conduct of the Association. His services have been and will be further suitably acknowledged, and he must always be remembered with grateful appreciation.

It will not be easy for us in Edinburgh to equal the interest and the charm of last year's gathering in Montreal. If there lurked in some minds a doubt whether it might prove possible to make a meeting so far from home a success, such doubts were soon dispelled. Those whose good fortune enabled them to cross the ocean found in Montreal a cordiality of welcome, a skill of arrangement, and a wealth of instruction which led them to form a very high estimate of the qualities of the President, Professor Roddick, of the profession in Canada, and its medical institutions.

Our science and our art recognise no national limitation. The members of our profession are our brethren to whatever people or race they may belong, but there is a just and patriotic pride in the greatness of our empire, and in the vigour of the schools and universities which have sprung up in so many distant parts of the Queen's dominions. The young country with its freshness, its vast extent, its illimitable resources, showed us an inspiring example last year, and we must do our best to make it clear that the centuries have not diminished the vigour of this ancient home of medicine.

You have been drawn to Edinburgh on this occasion by a great variety of considerations. No doubt the chief of these is the desire for the increase of knowledge and improvement of practical skill, the hope of meeting old friends, and becoming personally acquainted with those whose work has

made their names familiar. We hope that in none of these respects will you be disappointed.

But while these are doubtless the main attractions of our gathering, there must be many minor considerations which have helped to draw you hither. Many have come to revisit the home of their student days and the haunts of happy youth. The old city is to them redolent of pleasant associations. I can fancy groups of fellow students or brother residents gathering to explore the wards or the class-rooms with which they were familiar, seeking out the site of the old Infirmary, or the halls in which they had listened to Goodsir, Bennett, Simpson, or Syme. There are some, I can imagine, who will wish to see the house in which chloroform was first administered, or the wards in which the principles of antiseptic surgery were developed during most important years. But many come also attracted by the picturesque and the historical. They wish to see the beautiful scenes which surround us; to explore the Castle; to trace the remaining fragments of the old city wall which was built as a defence against our ancient enemies of England; to visit Holyrood; to see the little back room in which the author of "Waverley" achieved much of his finest work; or to make out the site of the Heart of Midlothian, the home of Jeanie Deans, or of her faithful admirer, the Laird of Dumbiedykes.

#### STATEMENT OF SUBJECT.

No subject could in my judgment more worthily form the topic of an address on an occasion like this than a consideration of the reciprocal duties of our profession to the community and of the community to our profession. It is true that the time at our disposal can at the best permit of a very inadequate discussion of so wide a subject, still it may be



possible to indicate in bold outline the general lie of the questions involved, and to illustrate one or two of their more important aspects.

The respective duties may be described in a single sentence. That of our profession is to **do its best to prevent disease, to cure disease, and to alleviate suffering in individual patients; to protect the community against preventable maladies; to advance our knowledge; to train our successors, and to guard the portals of admission to our ranks.** The duty of the community is to **afford us every facility for so doing.**

I purpose to speak briefly of each of these, and then refer to the various organisations instituted by the profession and the community with a view to the fulfilment of their respective duties.

#### PRELIMINARY : A COMMON UNDERSTANDING.

It is, to begin with, most desirable that a common understanding should exist as to the present position of the science and art of medicine. The days are passed in which medical men were accustomed to make great claims as to their powers, arrogantly pretending to control processes of Nature which we are really unable materially to influence. Our profession recognises its limitations. None know so well as we how imperfect our art still is, and how little it can achieve as compared with what we would desire. Still we know that medicine has advanced amazingly during the present century, and is advancing every day in all directions at an accelerated and ever accelerating speed.

Goethe puts into the mouth of a well-known personage a humorous description of the powers of our art—a description which has met with wide acceptance—

The spirit of Medicine is easy to be grasped,  
One studies through the great and little world  
To let things go in the end as pleases God.

Were Goethe living now, he would be the first to recognise that our studying through the great and little world is, thank God, proving by no means fruitless. The annual death-rate in England and Scotland has since 1855 fallen by more than one-fifth. The proportion of deaths from zymotic diseases as compared with other causes has diminished by more than one-third. In the treatment of the maladies of every important organ—the heart, the lungs, the stomach, the kidney, the liver, the brain—we can accomplish far more by our modern methods than was possible a few years ago. Even the great scourge of humanity, tuberculous disease, has been robbed of some of its terrors. The mortality due to it has fallen by one-third during the past thirty years. The experience of Glasgow has afforded a striking example of more recent improvement, for comparing the past seven years with the seven immediately preceding, the deaths from pulmonary consumption have diminished nearly one-fifth. And everywhere the life of those stricken by the malady has been remarkably prolonged as compared with former experience ; the chances of recovery have greatly increased. All this has been accomplished in regard to tuberculous diseases, while as yet but little has been done in the way of prevention of their spread by infection. Our rapidly-advancing knowledge is supplying us day by day with new precautionary measures which are certain further to diminish the frequency of the disease and its rate of mortality. All these results are mainly due to the labours of members of our profession. The public takes cognisance of facts like these, and is therefore according year by year a higher measure of respect to our art, imperfect though we must acknowledge it still to be.

## INDIVIDUAL DOCTORS AND INDIVIDUAL PATIENTS.

There is little need to enlarge upon the personal relationships of doctors and patients. The duties which the practitioner owes are universally recognised. He has to master the art of medicine to the best of his ability, and then to apply his knowledge for the benefit of each individual who may come under his care. Four hundred years before the birth of Christ we find in the oath of Hippocrates the great principles which guide us still. The young physician of that school vowed to do his best for every patient: "I will follow that system of regimen which according to my ability and judgment seems best, and abstain from whatever is deleterious and mischievous." He vowed also that he would never use his art for evil purposes: "I will give no deadly medicine if asked, nor suggest any such counsel." He vowed, moreover, to lead a high and noble life: "With purity and holiness I will pass my life and practise my art." And he vowed most solemnly to observe the strictest secrecy with regard to all private matters of which his profession might make him cognisant: "Whatever I see and hear in the life of man which ought not to be spoken abroad, I will not divulge, as reckoning that all should be kept sacred." No nobler summary of professional morals could be found than this, and I venture to say that in our time and in our nation these duties are well observed.

If we can claim that our part of this duty is fairly performed in our country at the present day, it is equally true that the public shows a generous appreciation of the services of their individual doctors. They fully recognise our honest good intent, and if they sometimes evince less gratitude than we know or think we deserve, on the other hand they often accord us more; and if we treat our patients from the



humblest to the highest with care, courtesy, and discretion, it will be found that generally speaking we have not to complain of any want of appreciation and gratitude.

## THE PROFESSION AND THE LEGISLATURE IN THE PREVENTION OF DISEASE.

The prevention of disease is in its practical results perhaps the most important of all our duties. It is our chief glory that we have been able to accomplish so much. It is our highest hope that we shall accomplish more.

The several members of the great group of diseases which owe their origin to *invasion by pathogenic micro-organisms* are in course of being rationally explained, and so it is becoming possible for us to take measures for their prevention. In some of them we can prevent the development of the organisms. In some we may hinder their multiplication and spread. In some we can block the channels by which they have been accustomed to find entrance into the body. In some we are able to modify the germ so that it produces when inoculated a milder disease, and yet a disease capable of conferring immunity against the malady in its ordinary form. In some we can interfere with the action of the germ even after it has been introduced, or counteract the poisonous substances which the germs generate.

With regard to the important group of diseases due to *faulty chemical processes* we have learned much that is of service for prevention. We have traced the origin of some diseases to the subtle action of chemical substances introduced with the food, or in the exercise of various trades and crafts. We have learned not a little regarding toxic substances which are developed within the body from faulty chemical processes, or which accumulate as a result of deficient

elimination. And most recently of all we have traced important diseases to deficient or excessive supply of\* what we have come to know as internal secretions. And each discovery which renders the causation of a disease more clear contributes something towards its prevention.

Every member of the profession ought to be keeping his eyes open to the advances of science, for in that he may find explanations of morbid action as Lord Lister did in regard to wounds, and ought to be always seeking for an explanation of the occurrence of disease, and especially of epidemic outbreaks, for by watchfulness in such matters mighty results may be achieved, as the work of such men as Snow and Budd and Koch have shown. The public may in many ways benefit from such discoveries and the precautions they suggest. Individual health, family health, social health, and national health, may all be improved if the individual, the head of the family, the employer of labour, and the legislator, duly consider and act upon these lessons. It is their duty to do so. But an intelligent appreciation of these subjects is not easily attained. Perhaps we are ourselves in some measure to blame for this, because our professional customs do not readily lend themselves to the issuing of clear and popular statements by leaders of medical opinion in such forms as would enable the public to share our knowledge. We ought to take more pains to instruct the public in such questions. Individual members of the community should seek to understand how their own personal health and that of their families may be protected when they act according to the light of modern science. Employers of labour should modify the conditions of their work, as, indeed, so many of them do, with the view of warding off the special dangers proper to each occupation. Teachers and governors of schools should study zealously all that we are learning with

regard to the evils of deficient ventilation, of cramped attitudes, and of excessive or too prolonged mental effort. In unnumbered ways may intelligent and well-instructed men ward off dangers by attending to the hygienic rules of modern science.

But apart from all the private applications of hygienic laws rises the question of the duty which the Legislature owes to the facts of medicine. It is an interesting question whether under our democratic Constitution we are in a better or worse situation in this matter than we might have been under an absolute monarchy or an oligarchy. It was perhaps easier in the old days when a monarch was absolute to get him to understand medical questions; a Linacre enjoying the confidence of a Henry VIII., or a Harvey that of a Charles could command a sympathetic appreciation of facts which might readily result in valuable royal edicts. One can conceive that had supreme power vested in the hands of such a man as the late Prince Consort, his fine perception of scientific facts would have led to his being the friend of such men as Chadwick, Farr, Parkes, and Richardson, and that at their suggestion effect would have been given to every legislative advance that medicine justified. And even in oligarchic days one can understand how a group of men wielding the whole power of the State might similarly be convinced, and might promptly bring into action legislative machinery for the prevention of disease. But now when every man is a king, when the whole people rules, it is perhaps not so easy to attain the results that we desire. The whole community requires to be instructed before the lessons can be used to good purpose. It is our task to give that instruction; it is theirs to give effect to what we have taught. The country has since the Queen's reign began awakened to the benefits which legislation in medical matters may afford,

and history will recognise the fact as one of the chief glories of the Victorian era.

But I wish that our progress were more satisfactory. Take, for example, the great subject of the prevention of small-pox. With scarcely a dissentient voice the medical profession recognises the transcendent value of vaccination. A Commission laboured for many years, and at last reported unequivocally in favour of that treatment. But with a determination which would be admirable if it were not so disastrous, a comparatively small group of men set themselves to opposing and maligning the process, belittling its advantages, and magnifying and multiplying the slight risks that attend it. To these a considerable section of the English public have given heed rather than to the medical profession—I speak advisedly of English public, for as Mr. Balfour has pointed out, the public of Scotland remains loyal to medical opinion. But from the attitude of certain districts in England it comes about that the greatest discovery in practical medicine, although it had its native home in Britain, is less efficiently carried out here than it is in many parts of the Continent. In Germany small-pox has practically disappeared; there has been no death from it in the whole of the vast German army since revaccination was made compulsory. In 1853 and 1867, Acts were passed for compulsory vaccination in England. These Acts have been the constant object of attack by the antivaccination propaganda. The Vaccination Commission was a result of these attacks. It included active opponents and active supporters of the process, with some members who were understood to take up the inquiry without any definite preformed opinion. After seven years' labour they gave in their report. By a majority of eleven to two they found that vaccination was a valuable preventive of small-



pox ; that the process could not be safely abandoned and replaced by other precautions ; and that while some alleged dangers are real, they are in truth unimportant in relation to the extent of vaccination work done, and are diminishing under the better precautions of the present day. More than a year elapsed before legislation was attempted and the Bill was introduced, of which the third reading has recently occupied the House of Commons. That Bill contained good provisions in the way of postponing the date of compulsory vaccination of infants, providing for the treatment being carried out at home, the supplying of calf lymph and the taking advantage of Dr. Copeman's valuable discoveries regarding the special security afforded by glycerinated lymph. But the Bill made one disastrous omission. It proposed nothing in the way of revaccination. Now, experience has proved that the protection afforded by the process requires to be renewed from time to time, and has amply shown that here, where it has been tried in many ways, as well as in Germany, where it has been since 1874 compulsory, repetition of the process secures an almost absolute immunity. It is in my opinion, and I am sure in that of almost the whole profession, profoundly to be regretted that the Bill contained no proposal in regard to revaccination. It is grievous to think that we lag behind, and are deprived of securities which would be of such value, and might so readily be obtained.

But if this was a disastrous omission, the Bill, as it leaves the House of Commons, shows another defect, for in the course of the debate it was decided that "no parent or other person shall be liable to any penalty under the Vaccination Act, 1867, if he satisfies two justices in petty sessions that he conscientiously believes that vaccination would be prejudicial to the health of the child."



The first remark that I would make is that this clause admits the status of the “conscientious objector,” and gives him rights and privileges. An analysis of conscience is always attractive to a Scotsman, but I refrain from attempting to forecast how the process would work out either in regard to that of the “conscientious objector” or those of the justices of the petty sessions. But the right of a person to act according to his conscience is one which a democracy is bound to protect. Only whenever it is distinctly proved that the result of conscientious objections is really dangerous to the well-being both of the individual concerned and of the community, the community is, in my judgment, entitled to set aside the “conscientious objector,” and to insist upon obedience. The Commissioners, who acted as a jury for the nation in this matter, are satisfied that the abandonment of vaccination would inevitably lead to formidable evils. It seems, therefore, to me that the plea of conscientious objection affords no logical ground for resistance to the law.

The second remark which I would make is to inquire what the term “conscientious objector” might be made to cover. This is no easy task, but it is safe to say that it would include a great deal more than the strict use of the words would warrant. And besides, if this plea be once admitted, we may find conscientious objectors springing up in many other quarters. In questions of education they might make themselves heard. In regard to the payment of taxes, conscientious objections, if once admitted, would no doubt spread with great rapidity; and in regard to the sanitary laws, the liquor laws, and many other subjects, conscientious scruples might soon assert themselves in somewhat startling ways.

But, apart from speculative opinions, let us see what

different parties are saying about the practical result of the clause. Mr. Chaplin, who did his best to stand to his ground, says that the administration of compulsory vaccination in the future will be absolutely impracticable, and no Ministry will be able to enforce it. Many share his opinion and regard the outlook as gloomy in the extreme.

The anti-vaccinationists are jubilant. One of their representatives on the Commission says that the practical conclusion of the whole matter and the results of the Royal Commission's labours amount to the abolition of compulsory vaccination for a generation.

There is another class that, while believing in vaccination and desiring to see it established, yet may be ranked as advocates of "freedom before security." Some of them would not accept that motto, but I think it is just. I sympathise with the love of freedom, but would not have it override the well-being of the community. I cannot advocate freedom to do mischief, and to that result this kind of freedom inevitably tends.

In this matter is it not to be feared that the House of Commons has decided contrary to its own belief? There must be but few members who do not believe in vaccination, and would not desire to see it insisted upon. Why have they voted as they did? Was it not on the part of some a weak yielding to the bigoted prejudices of their constituencies? And may it not be said that in the case of others the "conscientious objector" has made cowards of them all? I should be sorry to suggest that anyone sought to make party capital out of such material.

May we look to the House of Lords for reconsideration of this subject? That House has one member who belongs to our profession, and who understands the subject. They

have a right to express an opinion. What is their opinion on this matter?

We here at all events are, I suppose, practically unanimous in our regret that the exigencies of Parliamentary government have led us into such a retrograde position.

I wish that the Legislature would boldly accept the principle that as it is mainly guided by the opinion of lawyers as to legal questions, by those of soldiers in matters military, by practical seamen and engineers in matters concerning their department, so in medical questions they would look for guidance to the medical profession, and give effect to its matured opinion. Then we should have less difficulty about the question of vaccination, or that of the treatment of inebriates, or the prevention of the risks attending certain callings, such as those that expose the workers to lead poisoning or to poisoning by phosphorus; and we should soon find the Statute Book enriched by further beneficent enactments which would save multitudes of lives and immensely diminish sickness and suffering.

#### THE ADVANCEMENT OF KNOWLEDGE.

Another duty recognised from earliest days is that of extending, increasing, and deepening our knowledge. The *mens medica* is an inquiring mind, and the nature of our training and of the problems which daily confront us stimulate inquiry. Original observation and research are being carried out in unnumbered centres throughout the world. The mediæval method of building systems or theories upon slight or fanciful foundations has been replaced by the methods of sound philosophy. To these the world is indebted for boundless benefits. Every great hospital has been for long used as a field of accurate and painstaking

clinical observation, and in many of them, and in every university and school, laboratories of research have been established, and original work has been incessant. Here in Edinburgh, in addition to the various laboratories in different departments of the University, the Royal College of Physicians established some years ago its Laboratory of Research, and thereby the profession organised more perfectly than ever before the means for advancing our knowledge. Similar laboratories have since been founded by the London colleges and by other bodies. We may, therefore, claim that the profession is fully alive to its duty in this respect, and is exerting itself to the utmost for its fulfilment. It is much to be desired that the community were more appreciative of the value and importance of such work, that there were less of ignorance regarding the results, and less prejudiced opposition to the methods employed; but in this respect also, as the fruits become apparent, the value of the work is being admitted, and confidence and respect are deepening. It is pleasant to observe how nobly individual men of wealth and position are seeking to foster work of this kind. In this University a generous and liberal-minded citizen has, within the past few weeks, provided the whole sum necessary for building and equipping the much-needed new Public Health Laboratory, and especially, considering the recent dicta of the Leader of the House of Commons, one may venture to hope that the hour may not be far distant when the State will realise that the money of the nation can scarcely be better spent than in making ample provision for the endowment of research.

#### THE TRAINING OF OUR SUCCESSORS.

I cannot speak as fully as I should like upon our duty of



training our successors. From the earliest days this has been recognised as one of our most important functions. At first it seems to have been accomplished by transmission from father to son or from master to disciple. Just as one sees in the present day among the Savoyards at Aix-les-Bains the fathers training their sons and the mothers training their daughters in their traditional methods of treatment, so the old-world physician handed on his knowledge. By degrees the training came to be intrusted to individuals specially set aside for the work, and teaching was gradually organised. I shall not trace this development, but it may be well to get a glimpse of it at two or three different stages.

Somewhat more than three hundred years ago a wealthy Scottish prelate summoned in consultation the famous Girolamo Cardano, of Milan, to his seat at Monimail, in the kingdom of Fife. Cardano then enjoyed a world-wide fame. How was this great physician educated? Having decided to study physic rather than law—because he considered that it afforded both a nobler and a safer ground on which to build a lasting fame—he entered the University of Padua in 1524. In two years he laureated Doctor of Medicine. He heard the lectures of Curtius on the theory of physic, and Curtius became his friend. But it is difficult to guess what practical training he enjoyed. The account of his graduation is, however, vivid enough, for he received with due solemnity the open and the shut book, the biretta, the ring, and the kiss. The open book signified things now known to him, which he was authorised as a doctor to teach, the closed book signified the knowledge that yet remained to be won, and which it was his business to acquire; the biretta was of an ecclesiastical form, and indicated that he was consecrated as a priest to



science ; by the ring he was espoused to his profession ; and the kiss was the symbol of the brotherhood to which he was admitted, and of the peace and harmony that should prevail among all fellow-labourers in art and science. He was also led from a humble seat in the cathedral to a seat beside the prior, symbolising that as a man of learning he was qualified to sit among the princes of the earth. Such an installation shows that in the Italy of 1526 a high ideal of the physician's position had been attained.

Two hundred years ago Sir Robert Sibbald, the first Professor of Medicine in this University, was one of the foremost Scotsmen. Choosing medicine as his profession, he found no means of obtaining proper education at home, and so in 1660 he sailed for Holland. For eighteen months he worked in Leyden under Van Horn and Sylvius, visited Utrecht and Amsterdam, then took nine months in Paris attending the Hôtel Dieu and the Charité, took his degree at Angiers, and returned home a fully equipped practitioner after an absence of thirty months.

A little more than a hundred years ago this University was still adorned by one of the most famous of its professors—William Cullen. His education was very different from that of the present day. About two years' apprenticeship to a Glasgow practitioner ; some voyaging to the West Indies and elsewhere ; some attendance in the shop of Mr. Murray, an apothecary in Henrietta Street, Covent Garden ; then a period of practice in the moorland parish of Shotts ; a time of study in Rothbury ; and then two happy years in this University, just entering upon its medical fame, made up his time of education and gave him his degree.

In this we find the transition stage of our own country between the old and the modern method of education.

To-day the profession has organised throughout the country many great and famous medical schools, and all the universities devote themselves more or less to medical education. That work, of course, can never be successfully accomplished except where great hospitals exist. The fame of the schools of Guy's, of St. Bartholomew's, of St. Thomas, has sprung from the splendid hospitals in connection with which they were formed, and the greatness of the Edinburgh school could never have been but for the Royal Infirmary, which among all hospitals stands out so eminently as a training ground of the profession.

There is no need for me to speak to this audience of what medical education has now become, but I wish that all teachers could manage to make their instruction a training of the powers and mastering of the methods, rather than a loading of the memory with unnecessary facts and transient theories. I wish, also, that it were possible for the universities and schools to make more complete and satisfactory arrangements for post-graduate instruction, so that old students might return to the *alma mater*, and pick up in the course of a few weeks some knowledge of new methods and new facts whereby they might keep themselves more abreast of modern progress.

#### GUARDING THE PORTALS.

Another necessary duty is the testing of candidates for admission to our ranks. None but experts can perform such a duty. This was recognised in the days of Henry VIII., when the authorities began to organise the process of admission to the profession. It was enacted that no one should practise medicine in the City of London or within seven miles of it unless he had been examined, approved, and

admitted by the Bishop of London or the Dean of St. Paul's and a board of advisers or assessors consisting of four doctors of physic in regard to medicine, or for surgery other persons expert in that faculty. And when once the College had taken this preliminary step it was ordained that the Churchmen should call in as their advisers four of those that had been already approved. In Henry's enactment, however, the rights of the Universities of Oxford and Cambridge were expressly reserved. So it came about that Colleges of Physicians and Surgeons and the great universities had to undertake a definite share in the duty of admitting members to the profession.

The Medical Act of 1858, which introduced so many improvements working in the lines common to British legislation, did not attempt to start a brand-new mode of admission to the profession, but rather, recognising that many portals already existed, kept these portals open and regulated and modified them as seemed best. Some have advocated the establishment of a single portal, conceiving that thereby a more perfectly equal system might be attained ; but I think that the country was wisely guided when it adopted the plan it did, and that for many reasons, of which I shall mention one or two. It was better not to change, because the portals were doing, or were capable of being made to do, good and efficient work ; because, while it is essential that every portal must attain a certain minimum standard, it is most desirable that there should be portals of various degrees, some conferring a qualification humbler and more easily attained, others a higher one and more difficult to win ; and because I believe that it surpasses the wit of man to devise a method whereby, for the whole United Kingdom or each of its divisions, a just, equitable, and trustworthy single portal could be organised and worked.

It is our duty to see that examinations are thorough, practical, and proportionate. Thorough, in respect that they cover the whole wide field of our science and art and demand a due knowledge of it. Practical, in that so far as possible the candidates shall be made to show not mere book knowledge, but a practical acquaintance with our art and with the sciences on which it is founded. Proportionate, in respect that no single department shall be allowed undue predominance. It is so natural for an examiner, who in order to be efficient ought also to be a teacher of his subject, to overestimate the importance of his own department and to insist upon a standard which would be unattainable if demanded all round. Such a tendency should be well held in check, each subject being allowed its due place and no more.

The care of the regulation of examinations is intrusted by the country to the General Medical Council, and it has endeavoured, by inspection of examinations and otherwise, to secure that a certain standard is insisted on at all the portals.

#### AN ILLUSTRATION OF MUTUAL DUTIES WELL FULFILLED.

Before I leave this part of my address, I should like to offer an illustration of what I conceive to be the ideal working out of the mutual duties of a medical officer and of the department to which he stands related.

One of our younger practitioners in Edinburgh had, in the discharge of his duties at St. Cuthbert's Poor House, observed that the inmates were throwing out nitrogenous matter from the system in a proportion far beyond that which they were taking in by way of food. The nitrogenous waste was so great that the paupers might have been



described as being in a state of “physiological bankruptcy.” In well-fed healthy individuals the store of glycogen within the organism is kept at a level which amply suffices to meet the requirements of the system, and even if on any occasion the daily supply falls short, there is the fat stored within the body which can easily be drawn upon as occasion requires. But beyond these are the nitrogenous tissues, which are only brought into use when the other two sources of supply are exhausted, and are so used at great expense to the organism. It was ascertained that our paupers were not fed in such a way as to meet the daily expenditure; that whatever stores of fat they might at one time have had were completely exhausted before they had long been living upon the poor-house fare, and that consequently they were obliged to fall back upon their nitrogenous tissues to the great diminution of their energy and strength. Their output of nitrogen instead of being a normal of, say 15 to 20 grammes, was from 30 to 40 grammes *per diem*. He soon ascertained that this nitrogenous waste went on all the same, whether the food supply of nitrogenous material was given in proper quantity or deficiently or in excess. And by degrees he satisfied himself that the fault lay in the deficient supply of the fatty materials. He therefore provided for certain paupers an additional allowance of fatty materials in an inexpensive form, and found that the nitrogenous waste speedily diminished. He then was able to determine the amount of fat required, by noticing when in each case he got the nitrogen equilibrium established.

These results were presented to the University in the form of a graduation thesis for the doctor's degree, and the author received the degree with the highest honours. He then placed the work in the hands of the Local Government Board. The Board, after consideration and conference, sent



the diets which he suggested to every poorhouse in Scotland. If the authority of the Board over the parish councils be supreme, as it ought to be, this improved diet will be everywhere adopted, and this whole matter will illustrate in an admirable way the efficient discharge of duty on the part of the medical officer and of the authorities under whom he acts, and at the same time the conferring of most important benefits upon the inmates of our poorhouses.

#### MEDICAL AND STATE MEDICAL ORGANISATIONS WITHIN THE PROFESSION.

I wish we had time to consider together the various organisations which have sprung up in the profession and have been recognised by the State, or which the State has instituted for dealing with matters medical. Time would fail me to speak of the origin and the services of the ancient guilds of surgeons and the Royal Colleges, profoundly interesting as that subject would be ; nor can I speak of the growth of the medical faculties of the Universities, or the medical schools which are now scattered so numerous throughout the kingdom, nor of the societies which do so much not only in the great centres of medical education, but in every considerable city and in almost every district of country throughout the Empire. But I must allow myself time to refer to that Association in connection with which we are assembled here this evening.

Sixty-six years ago it took origin as the Provincial Medical Association, and only after a time did it spread to London. It is forty years this week since it first ventured to cross the Border and hold a meeting in Scotland. It now consists of upwards of 17,000 members, all legally qualified practitioners, admitted after careful consideration,

and resident in all parts of the Empire. In every district the Association is represented by Branches, each of which serves important local purposes, and takes its share in determining the policy of the whole Association through its representations to and representatives on the Council. I think that the Association will do well to foster the vigour of life in the Branches.

Its *Journal* has a circulation of more than 20,000 weekly, and is recognised as one of the leading medical periodicals of the world.

The objects of the Association are the promotion of medical and allied sciences and the maintenance of the honour and the interests of the medical profession. This is effected by the holding of meetings, the publication of a journal, the granting of money for promotion of science, and for defence and promotion or maintenance of the honour or interests of the medical profession by such means and such manner as the Council may think fit, including, in particular, taking or defending legal proceedings and promoting or opposing Bills in Parliament. These objects seem to me worthy of the high and noble traditions of our profession. It is for the discovery and dissemination of truth, and for the maintenance of the rights and influence of the profession as a whole, not for merely private ends, that the Association exists.

It is our duty to inquire how far these purposes are being fulfilled. The mere numerical growth to which I have referred seems to be of itself a proof that a useful end is being served. The value of the *Journal* to the profession cannot be overstated, especially now that such excellent epitomes of recent observation are sent out with each number. I am sure that no member can attend an annual meeting without being enriched in knowledge and inspired

with new ideas. The mere contact with other minds is of inestimable value, and every man who is thinking for himself or doing original work finds fresh light thrown upon his results by the results of the efforts of kindred intellects.

The Association has for many years devoted considerable sums of money to the endowment of research, and much has been accomplished by its research scholars and others whom it has helped. It exerts a considerable influence in regard to public affairs connected with medicine; our Council laboriously considers all questions of medical interest which concern the profession, and I can assure you that I had no idea until I came to serve on that body that its work made such demands upon the time, energy, and ability of its members, nor did I realise the far-reaching influence which it exerts. The Parliamentary Bills Committee is now presided over by a distinguished graduate of this University, who is at the same time one of the most popular members of the House of Commons. The influence of that Committee in helping to form opinion among our legislators is very considerable, and I have no doubt it will increase as time advances. Apart from that Committee the Association is able to intervene with good effect in other ways. No better illustration could be offered than our recent experiences in relation to the Medical Department of the Army, for the Association had its share in making the representations to the Minister of War, which have resulted in so hopeful a reorganisation of the whole Army Medical Service. I can speak personally of the courtesy and encouragement with which our deputation was received, and I am sure that no one who heard the statement by the Marquis of Lansdowne at the great banquet given by the Lord Mayor of London could fail to see that the intervention of the Association had been attended by the happiest result. Not that we are to

claim all the credit, for the hard facts of the state of the Service had been pressing themselves upon the attention of the authorities, and many influential representations had been made regarding the questions involved. As time goes on and our influence increases, the Association may often be able to perform like services for the profession and for the country.

#### THE GENERAL MEDICAL COUNCIL.

Among the institutions which, although suggested by medical men, were instituted by the Legislature, I should mention first the General Medical Council. We have now had forty years' experience of that body, and I for one think that it has done good service to the profession and the State. It has raised the standard of preliminary examinations; it has extended the period of medical study; it has set its face against the custom of legally qualified practitioners evading the law by what is known as covering others who are not qualified; and it has recently passed a strong resolution against the employment of unqualified assistants, which, however hardly it may press upon individuals who are worthy of all sympathy, is undoubtedly sound in principle. Its powers have been more limited than might have been desired, and perhaps they might be extended and increased with advantage. To take a single instance, I would suggest that just as a diploma of a university or a college entitles the holder, whoever he may be, to be placed upon the *Medical Register*, and gives him all the privileges attached to such registration, so the decision of the General Medical Council that any person on the *Register* is no longer worthy to have his name retained upon it should, *ipso facto*, deprive him of the diploma or the degree upon which he had been registered.



It seems absurd that there should be a necessity for renewing and repeating the trial in such a case. The decision of the Supreme Court of the profession should, I think, be held to cover and to include that of the licensing bodies, and even of the universities. The Legislature is already acquiring the habit of now and then referring a question or an opinion to the General Medical Council, and it seems to me that much would be gained if this expedient were more frequently adopted in regard not to that Council alone, but to the Association which we here represent.

#### THE PUBLIC HEALTH EXECUTIVE.

This brings me to speak of the Public Health Executive, the officials who are intrusted with carrying out the laws relating to disease and its prevention. The formation of the department was—like most British institutions—an evolution rather than a creation. For when the Government felt the need of establishing such a branch of the Executive, it did not construct a new Board or appoint new officers beyond what was absolutely necessary, but rather laid additional duties upon Boards and officials already existing. There is no need for me to explain the precise arrangements adopted either in England or in Scotland, but in a general way I may say that in the former the new duties were intrusted to what had previously been the Medical Department of the Privy Council, the Engineers of the Local Government Office, and the members of the Poor Law Board; while in the latter the Board originally established for carrying out the Poor Law of 1845 was turned to account for the new purpose. They were named in each division of the country “The Local Government Board.” But these Boards were



not intrusted with the carrying out of the whole work relating to public health. Sir Benjamin Ward Richardson pointed out nearly twenty years ago that that work is too widely distributed. He said that so much had to be done by the President of the Local Government Board, so much by the Secretary of State for the Home Department, so much by the Registrar-General, so much by the Chief Commissioner of Works, so much by the Lord President of the Privy Council, and so much by the President of the Board of Trade, and all that without reckoning the heads of the Army and Navy Departments, the Postmaster-General and even some other important officials

On the other hand, the duties of the Local Government Board naturally included, considering its mode of construction, much that might well have been relegated to other departments, as, for example, many matters relating to Poor-law administration.

All this might surely be simplified with much advantage. The department has grown so great and so complicated, and the importance of the work of some of its parts has become so much more appreciated, that it demands reconstruction. I should like to see the Local Government Board intrusted with every question that bears upon the prevention of disease. It should have two divisions—one dealing with the questions of local administration, and the other with the public health. These two sub-divisions would cover the whole work at present undertaken, and which properly belongs to this great department.

The President of the Board thus reconstructed should be recognised as an official of the highest rank, and should indeed be not only a Minister, but a Secretary of State for the department. It would be a great benefit that he should be an officer of such dignity and influence as that he would

be able to secure in the Cabinet and in Parliament due attention to the subjects with which he has to deal. He might be a member of either House, but considering the frequency with which financial questions must emerge, it would probably be better that he should sit in the House of Commons. He would, of course, have a Parliamentary and a Permanent Under-Secretary, the former of whom should also, as at present, be a member of the House, who should take his share in the administration of the department, and, in the absence of his chief, answer questions and be available for reference and inquiry in the House on any subject connected with the department. A sub-department should also be maintained, at which information, advice, and direction upon all sanitary questions may be obtained, while at the same time it continued to organise and carry out scientific investigations somewhat on the lines that are at present followed. There should also be other sub-departments dealing with various branches of the subject, as, for example, with the registration of births, deaths, and marriages; with the incidence of notifiable diseases, epizootics, and diseases of plants (unless this is sufficiently provided for by the Board of Agriculture), with meteorological and other reports; with the working out of the various Public Health Acts; with the Vaccination Acts; the medical questions arising under the Factory Acts; with the care of the insane; with all questions as to the disposal of the dead, and such like. There are already officials intrusted with nearly all these duties, and in many respects the department is admirably equipped. All that would be required in many instances would be the grouping of them afresh, and the clearing up of the precise details as to their work.

I am well aware that it is a serious thing to suggest the addition of even one Minister to the Cabinet (but this would

scarcely be an addition), it is more to suggest that he should take so high a place as that of Secretary of State ; but even with the difficulties which I admit, it seems to me obvious that the great importance of the public health, equalling, indeed, that of almost any other department in the State, warrants such a step. And as I believe that history will regard it as one of the chief glories of the reign of Her Majesty that the nation then awoke to the importance of the question of public health, so I should desire that the Executive which subserves it should in that reign also be put upon a footing worthy of the greatness of its work. In respect alike of administration and of legislation, such changes as I advocate would give a great increase of efficiency.

#### CONCLUSION.

But I have reached the utmost limit of my time, and must hasten to conclude. I have briefly reviewed what I consider the chief relative duties incumbent upon us and the community. I have shown that in our personal relationships things stand fairly well, but that in regard to preventive medicine the attitude of the community and the State leaves much to be desired. I have shown also reason to think that there is room for more generous dealing in respect of the endowment of research and of Universities and schools. But I should sum up by saying that our part is to perform our duty conscientiously and to the best of our ability. It is not by banding ourselves like a trades union and crying aloud about our wrongs, real or imaginary, but by the efficient discharge of our own duty, that we shall best aid the community to perform theirs. When each of us does his best for every patient and for the State, not with eye service as

men pleasers, but with a profound appreciation of our grave and sometimes awful responsibilities, shall we win the place in public esteem which will bring to our beloved science and art and to us the recognition to which they and we are entitled.